

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Kirkville
City Kirkville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No. 23020
Registered No. 140
St. Ward

2. FULL NAME

Lurinda E. Lowrance
(a) Residence, No. 1125 N. Edgar St. 2 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Whitaker Lowrance
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-27-1875
7. AGE YEARS 59 MONTHS 5 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 7-24-34 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Missouri

13. NAME N. L. Sire

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Sanders

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT W. Lowrance (ADDRESS) 1125 N. Edgar, Kirkville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 7-26-1934

19. UNDERTAKER Reilly (ADDRESS) Kirkville, Mo

20. FILED July 25 1934 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934
I HEREBY CERTIFY, That I attended deceased from July 24, 1934, to July 24, 1934.
I last saw her alive on July 24, 1934. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

apoplexy July 24, 34
Cerebral Hemorrhage
Other contributory causes of importance:
Stroke

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) R. O. Stickler, M.D.
(Address) Kirkville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1934

